U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penaltiles as provided by 29 U.S.C. 439 or 440

F	or Official day Only
E	M26ZB
	DHO

READ THE INSTRUCTIONS CAREFULLY BEFORE PF EPARING THIS REPORT

E DRUT	
1 File Number U 39 48	2 Fiscal Year Covered From
	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filling	4 Name file rumber and address of labor organization
Name Leroy C Naeger	Name Qu rry Workers Local 829 - L I U N A
	Labor Organization File Number 0/29/2
P O Box Bldg Room No if any	P O Box Building and Room Number if any
Street 1'3664 State Route B	Street 380 Market Street
City Ste Genevieve	City Ste Genevieve
State Missouri ZiP Code + 4 63670	State Missouri ZIP Code + 4 63670
5 Position in labor organization to the first that (See Supplied to Lingle)   Vice (President)   Lingle   100   Lingle   100	oregroup is a some for which the side in order to the side in the side in the side in the side is the side in the side in the side is the side in the
Enter appropriate data below if during the past fiscal year you or your s  (except as specified in the ex  A. Held an interest in engaged in transactions (including loans) with a monetary value from an employer whose employees your organizations.	pouse or minor child directly or indirectly had any of the following interests colusions set forth in the instructions)  or derived income or other economic benefit of setting to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name Mississippi Lime Company	Pay for monthly Labor Relations Meeting per Collective Bargaining Agreement
Trade Name if any	
P O Box Bldg Room No if any	7 b Amount
Street 16147 Highway 61	
City Ste Genevieve the trainment on ordanic control to the trainment on ordanic	・
State Missouri -ZIP Code + 4 -63670	
	ignature
15 Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompaunidersigned's knowledge and belief true correct, and complete (See the	of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the section on penalties in the instructions.)
Signed Levor Macan	On 4-17-06 (573) 883-3649

¥

Name of Person Filing Leroy Naeger	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business cleats with		
Name			
Trade Name if any	a Labor Organization		
PO Box Bldg Room No If any	b Trust  c Employer		
Street			
City			
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Nothing to report		
Trade Name if any			
PO Box Bidg Room No If any			
Street	11 b Approximate dollar value of such dealing		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Nothing to report		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.		
(including trade name if any)	Nothing to report		
Name			
Trade Name if any			
P O Box Bldg Room No if any			
Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.		